

NOV 15 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

36349

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **2 1003**  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis,** (d) Street No. **5812 Highland Ave.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John S. Shelton,**

(a) Residence, No. **5812 Highland Ave.** St. **6**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Alice Shelton.**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 4, 1848.**

7. AGE YEARS **88** MONTHS **11** DAYS **22** If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Henry County,** (STATE OR COUNTRY) **Kentucky.**

13. NAME **John Shelton.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky.**

15. MAIDEN NAME **Dont Know.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont know.**

17. INFORMANT (ADDRESS) **Mrs. Elmer Ward**  
**5812 Highland Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cincinnati, Ohio** DATE **October 27, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Geo. L. Plutich Inc.**  
**5966 Eastern Ave.**

20. F. **Oct 26 1937** **St. Bredeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 26, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 13, 1937** to **Oct. 26, 1937**  
 I last saw him alive on **Oct. 25, 1937** Death is said to have occurred on the date stated above, at **10:55 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis**  
**1937**  
 Other contributory causes of importance:  
**Arteriosclerosis**

Name of operation ..... Date of .....  
 What test confirmed diagnosis **clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify ..... (Signed) **J. R. Davis** M. D.  
 (Address) **1492 Hammond**

STATEMENT BY LICENSED EMBALMER

I, Norman L. Ponder, Licensed Embalmer No. 3367  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Norman L. Ponder  
Licensed Embalmer No. 3367

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**